Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CORPORATION REINSTATEMENT
WRIGHT HOTEL DEVELOPMENT, INC.

Certificate of Status	0
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F09000000544

1. Corporation Name
WRIGHT HOTEL DEVELOPMENT INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10809 GARDEN MIST DR	11250 NE HOLMAN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1043	
City & State	City & State
LAS VEGAS, NV	PORTLAND OR
Zip / Country	Zip / Country
89135 / USA	97220 / USA

4. Date Incorporated or Qualified To Do Business in Florida 02/06/09

5. FEI Number 26-3954093 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

REINSTATEMENT 10-12

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan — Assistant Secretary — Date: 10/25/2012

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	ROBERT PAUL WRIGHT	11250 NE HOLMAN ST	PORTLAND OR 97220
COO	LOREN WRIGHT	11250 NE HOLMAN ST	PORTLAND OR 97220

10. E-mail Address: JENNY@WRIGHTHD.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. Further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 10/24/12 503.484.1103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PL010 - 01/1W2011 CT System Dallas

OCT 25 2012
D. BUTLER

10/29/2012 12:35 8656336092 CT CORPORATION PAGE 03/03